

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE Attached Maps

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet		
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

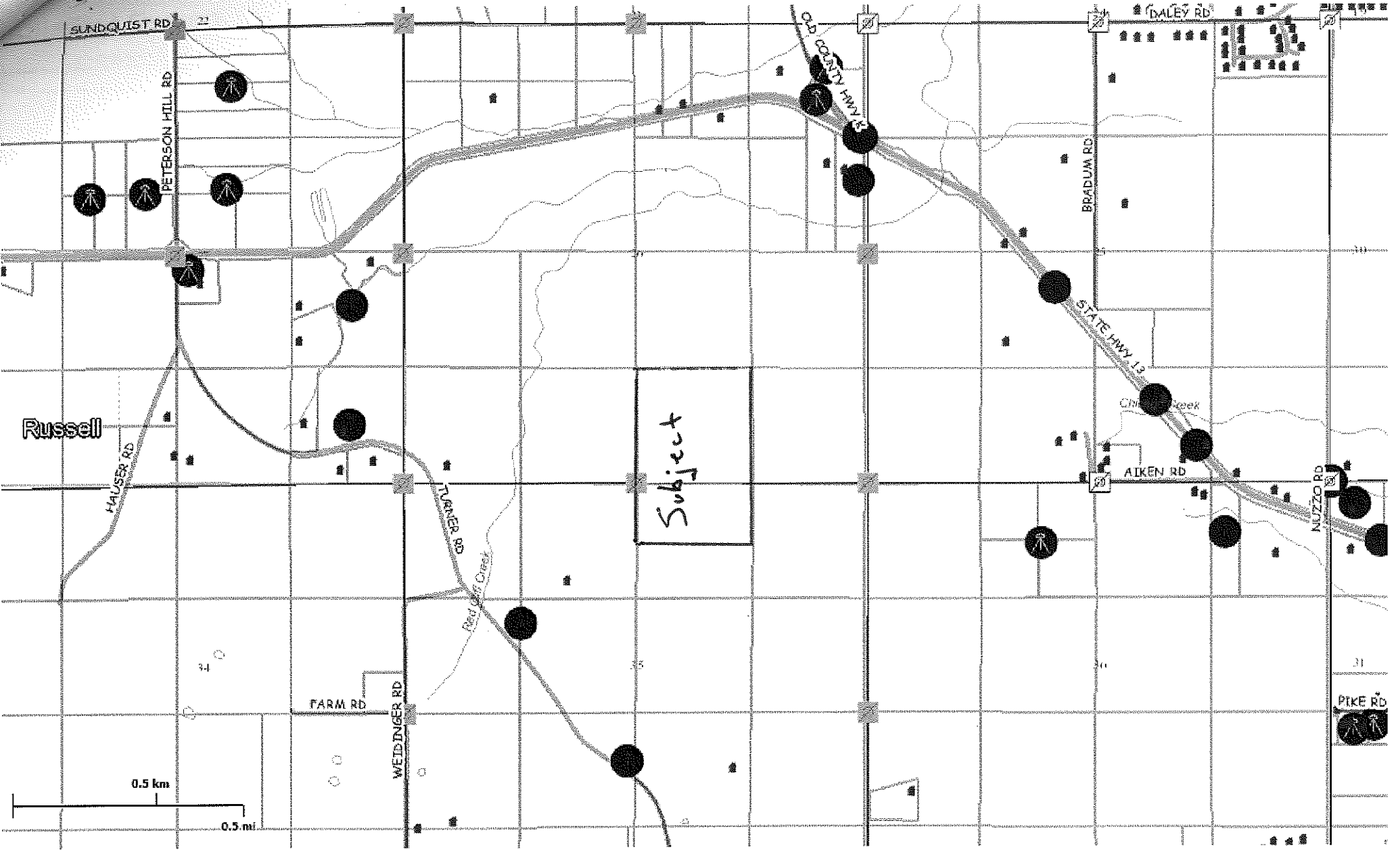
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 15-0059		Permit Date: 4-8-15				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Property lines well marked,		Zoning District (FL)				
Date of Inspection: 2/13/2015		Inspected by: Robert Schierman		Date of Re-Inspection:		
Condition(s) Town Committee or Board Conditions Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If No they need to be attached)						
Financial Assurance must be in place prior to reclamation plan being valid.						
Temp. Hot mix plant and/or concrete plant requires separate Conditional Use permit.						
Additional conditions per Recorded Affidavit						
Signature of Inspector:		Date of Approval:				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

Recorded



Dodge County, WI



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE STAMP (Received)
APR 06 2015

Bayard Co. Zoning Dept.

Bayfield Co. Zoning Dept.
TO APPLICANT.

Permit #:	15-00068
Date:	4-10-15
Amount Paid:	\$6001
Refund:	4-10-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Craig & Pam Lincoln			Mailing Address:		Telephone:	
Address of Property:		4901 Peabody St.			City/State/Zip:		Cell Phone:	
94510 Raspberry Street		Duluth, MN 55804			218-343-9322			
Contractor:		Contractor Phone:			Plumber:		Plumber Phone:	
Ideal Homes of Barabum, Inc.		715-395-7878			Rich Wszalek		715-779-5081	
Authorized Agent: (Person Signing Application on behalf of Owner's)		Agent Phone:			Agent Mailing Address (Include City/State/Zip):		Written Authorization	
Thomas Reistad		218-591-1180			11026 Elmira Ave. Superior, WI 54880		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Volume
				20101 E OF TOWN ROAD				
Section 35, Township 52 N, Range 04 W		Town of:		Raspberry Bary		Lot Size		Acres
		SEE ATTACHED RURAL		69 Acre				
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain?		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone?		Are Wetlands Present?
<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →		Distance Structure is from Shoreline: _____ feet		53		<input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> Non-Shoreland								

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	City Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>HI</u>	<input type="checkbox"/> Well	
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____	
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None <u>RELOCATE</u>	<input type="checkbox"/> _____	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Height:
Proposed Construction:	Length:	Height:
	Width:	
	12.00	12.00

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(35 x 28)	980
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(x)	
	with Loft	(x)	
	with a Porch	(x)	
	with (2 nd) Porch	(x)	280 sq ft
<input checked="" type="checkbox"/>	with a Deck	(8 x 35)	280 sq ft
	with (2 nd) Deck	(x)	
	with Attached Garage	(x)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(x)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(x)	
	<input type="checkbox"/> Addition/Alteration (specify) _____	(x)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Accessory Building (specify) _____	(x)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(x)	
	Special Use: (explain) _____	(x)	
	Conditional Use: (explain) _____	(x)	
<input type="checkbox"/>	Other: (explain) _____	(x)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners Agreed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Paula L. Smith
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 1626 Elmira Ave, Spencer WI 54880

IDEAL HOMES OF BARBUIN, INC.

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement

Draw or Sketch Your Property (regardless of what you are applying for)

- show Location of:
Show / Indicate:
(3) Show Location of (*):
(4) Show:
(5) Show:
(6) Show any (*):
(7) Show any (*):

- Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

SEE site plan attached

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

in plot plan

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	1534 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	32.5 Feet	Setback from the Bank or Bluff	80 Feet
Setback from the South Lot Line	32.5 Feet	Setback from Wetland	Not mapped
Setback from the West Lot Line	100 ft - Feet	20% Slope Area on property	X Yes
Setback from the East Lot Line	80 TOB Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Not yet Feet		
Setback to Privy (Portable, Composting)	Not yet Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

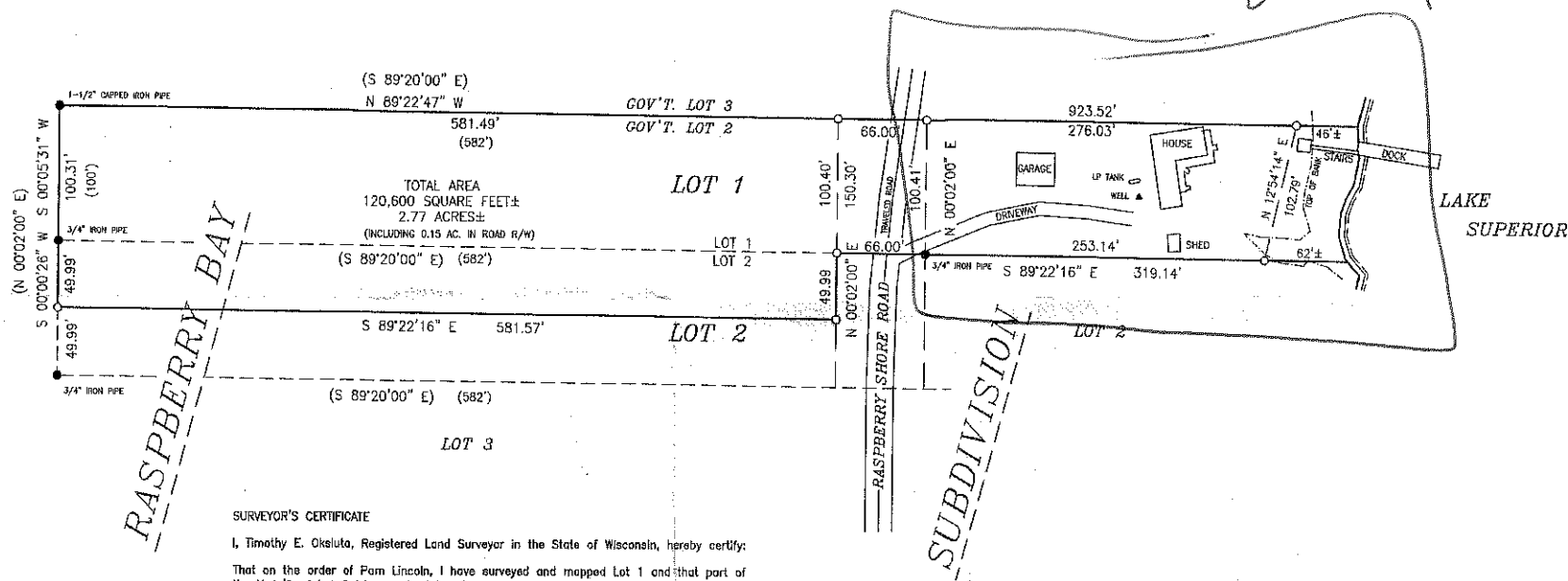
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	15-165	# of Bedrooms:	3	Sanitary Date:	3/27/15
Permit Denied (Date):		Reason for Denial:					
Permit #:	15-00608	Permit Date:	4-10-15				
Is Parcel a Sub-Standard lot		<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Inspection Record: Existing mobile home + non-permitted additions removed. Fenced sanitary to be abandoned upon installation of new HT.							
Date of Inspection: 4-8-15		Inspected by:	GREENE W. WELLS				
Condition(s): Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(if No they need to be attached)			
Building shall shall be a 17' from top of bluffs. No permit required!							
Signature of Inspector:							
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 4-10-15		

SURVEY
AND THAT PART OF THE NORTH 1/2 OF LOT
LYING WEST OF RASPBERRY SHORE ROAD, ALL IN
RASPBERRY BAY SUBDIVISION IN GOVERNMENT LOT 2
OF SECTION 35, T. 52 N., R. 4 W., IN THE TOWN
OF RUSSELL, BAYFIELD COUNTY, WISCONSIN

BEARINGS ARE BASED ON THE NORTH LINE
OF LOT 1 ASSUMED AS N 89°22'47" W

only this parcel



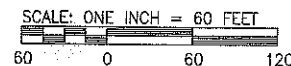
SURVEYOR'S CERTIFICATE

I, Timothy E. Oksala, Registered Land Surveyor in the State of Wisconsin, hereby certify:

That on the order of Pam Lincoln, I have surveyed and mapped Lot 1 and that part of the N 1/2 of Lot 2 lying west of Raspberry Shore Road, all in Raspberry Bay Subdivision, located in Government Lot 2 of Section 35, T. 52 N., R. 4 W., in the Town of Russell, Bayfield County, Wisconsin;

That this map is a true representation of said survey; and

That said survey is correct to the best of my knowledge and belief.



LEGEND

- MONUMENT, AS NOTED, FOUND IN PLACE.
- 1-1/4" X 18" IRON PIPE SET THIS SURVEY.
- (582') RECORDED INFORMATION IN PARENTHESES

JOB NO.: N11/130
SCALE: ONE INCH = 60 FEET
SEPTEMBER 8, 2011

DRAFTED BY: T. OKSALA
FILE: N752NRHW/SEC35
PSDATA/N11130 ACAD/N11130 LINCOLN
NR 307 PG. 21

CLIENT: LINCOLN, P.

NELSON
SURVEYING
INCORPORATED
SURVEYING NORTHERN WISCONSIN SINCE 1954

101 W. MAIN STREET
SUITE 207
ASHLAND, WISCONSIN 54806
(715) 682-2682
FAX: (715) 682-5100

MAP NO. 4061 ©